

**Arizona State Library, Archives & Public Records
NON-STATE-EMPLOYEE
TRAVEL REIMBURSEMENT REQUEST FORM**

Name _____ SSN: _____

Email _____

Address _____ City _____ State _____ Zip _____

Departed from _____ Arrived at _____
(street address, city, state) (street address, city, state)

Signature _____ Date _____ Day Phone _____

Date of Meeting _____ Meeting Attended _____

Agency Authorization _____ Date _____

**TRAVEL WILL BE REIMBURSED ACCORDING TO THE
CURRENT APPLICABLE POLICIES OF THE STATE OF ARIZONA.**

Meals: \$ 7.00 Breakfast (if travel begins before 6 a.m.)
7.50 Lunch (if travel begins before 11 a.m. and ends at or after 2 p.m.)
15.00 Dinner (if travel extends beyond 8 p.m.)

Mileage: 40.5¢ per mile by the shortest route
(map mileage may be used instead of odometer reading)

Ending Mileage _____ Date & Time of Departure _____

Starting Mileage _____ Date & Time of Return _____

Total or Map Mileage _____ x 40.5¢ = \$ _____

Listed Expenses:

*Motel: No. Days _____ x Daily Rate \$ _____ = Lodging Total \$ _____

Food: No. Meals (up to allowable maximum) _____ = Meals Total \$ _____

<u>NO.</u>	<u>TOTAL</u>
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_____ Breakfast	\$ _____
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_____ Lunch	\$ _____
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_____ Dinner	\$ _____
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Total Claim Amount \$ _____

Return to:

Accounting Department
Arizona State Library, Archives and Public Records
1700 West Washington, Room 200
Phoenix, Arizona 85007

***Original Receipt Required**